DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 03-024	2. STATE NC
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2003	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN   ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN   **X** AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.167	7. FEDERAL BUDGET IMPACT:
	a. FFY 2004 ~~$4,112,330~~ $ 4,028,235
	b. FFY 2005 ~~$5,829,561~~ $ 6,007,255

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 19, Attachment 3.1-A.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Page 19, Attachment 3.1-A.1

10. SUBJECT OF AMENDMENT:

Additional hours for Personal Care Services and Personal Care Services Delivered Outside of Residence.
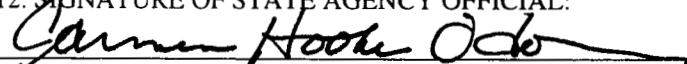
11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED   **X** OTHER, AS SPECIFIED: Not Required
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: *Carmen Hooker Odom*	16. RETURN TO:
13. TYPED NAME: Carmen Hooker Odom	Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001
14. TITLE: Secretary	
15. DATE SUBMITTED: 12/17/03	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 22, 2003	18. DATE APPROVED: February 26, 2004

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2003	20. SIGNATURE OF REGIONAL OFFICIAL: *Renard L Murray*
21. TYPED NAME: Renard Murray	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

Approved with the above annotated changes that were authorized by the State on email dated 12/23/03.

FORM HCFA-179 (07-92)

23.f   Personal Care Services

a.   The number of hours of personal care services received by a Medicaid beneficiary may not exceed 3.5 hours per day and sixty (60) hours per calendar month. If a Medicaid beneficiary demonstrates the need for personal care services in excess of the 60-hour monthly limit, nurse case managers employed or contracted by the State may authorize up to 20 additional hours per month for each eligible beneficiary. The 3.5 hour per day restriction does not apply to Medicaid recipients receiving hours above the 60-hour/month limit.

b.   Licensed home care agencies are enrolled for Personal Care Services rendered in private residential settings. Personal Care Services may only be rendered outside of private residential settings in order to assist eligible individuals with obtaining and maintaining competitive employment. The agency must be a State licensed home care agency that is approved in its license to provide in-home aide services within the State. Licensed home care agencies are required to perform the following activities to comply with state laws:
    1.   Complete background checks on all employees,
    2.   Conduct in-home aide competency evaluations and trainings,
    3.   Monitor quality of care,
    4.   Handle Workers' Compensation,
    5.   Manage the payment of income and Social Security taxes, and
    6.   Ensure that in-home aides work under the supervision of a Register Nurse.

c.   All Medicaid beneficiaries residing in licensed domiciliary care facilities receive Personal Care Services provided by the facilities. The Division of Medical Assistance contracts with each facility for the service. Licensed domiciliary care facilities are public or private non-medical institutions.

d.   The need for enhanced personal care services beyond the amount of one hour per resident day in the basic (capitated) rate for domiciliary care facilities is based on a case manager's evaluation of a resident's care requirements for extensive or total assistance in eating or toileting and must be authorized by a physician.